

PASCO COUNTY COMPLAINT AFFIDAVIT

☒ PSO FLO 510000☐ NPR PD FLO 510200☐ PR PD FLO 510400☐ DC PD FLO 510100☐ ZPD FLO 510300☐ FHP FLO 279000

OFFENSE NUMBER		* FELONY MISD.		CO. ORD.	CHRG.	CIB	RECTOR	SEC.	TWP.	RMS.	AGENCY REPORT NUMBER
							15	35	26	15	15-12668
ARREST		CHECK ALL THAT APPLY		1. FELONY		3. MISD.		5. CRIMINANCE		7. V.O.P.	
NOTICE TO APPEAR		CHECK ONLY ONE		MANDATORY APPEARANCE		JUVENILE		RECEIVED BY ASSISTANT STATE ATTORNEY		DATE	
LOCATION OF ARREST (POLICE NAME, ADDRESS)						LOCATION OF OFFENSE (BUSINESS NAME, ADDRESS)					
PAUL R. SMITH MIDDLE SCHOOL, 1410 SWEETBRIAR DR., HOLIDAY, FL 34691						PAUL R. SMITH MIDDLE SCHOOL, 1410 SWEETBRIAR DR., HOLIDAY, FL 34691					
DATE OF ARREST		TIME OF ARREST		BOOKING DATE		BOOKING TIME		JAIL DATE		JAIL TIME	
4/08/2015		1320									
JAIL NUMBER		DOC NUMBER		FBI NUMBER		WEAPON USED		WEAPON TYPE		F.P.S.S. Notified	
21503921		00912125								<input type="checkbox"/> Juv. <input type="checkbox"/> Elderly <input type="checkbox"/> Handicap	
NAME (LAST, FIRST, MIDDLE)		ALIAS		DOMESTIC RELATED		CONVICTED SEXUAL PREDATOR/OFFENDER					
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N					
RACE		H. HAIR		EYES		SEX		DATE OF BIRTH		AGE	
W		M		02/27/2001		14		5'4"		130	
SCARS, MARKS, TATTOOS, ETC.		NONE		INDICATION OF ALCOHOL INFLUENCE		INDICATION OF DRUG INFLUENCE					
PHYSICAL ADDRESS (STREET & APT #)		(CITY)		(STATE)		ZIP		PHONE		RESIDENCE TYPE	
NEW PORT RICHEY, FL 34652										<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> OUT OF STATE	
MAILING ADDRESS (STREET & APT #)		(CITY)		(STATE)		ZIP		PHONE		ADDRESS SOURCE	
SAME AS ABOVE										DEFENDANT'S MOTHER	
BUSINESS ADDRESS (NAME & STREET)		(CITY)		(STATE)		ZIP		PHONE		OCCUPATION	
PAUL R. SMITH MIDDLE SCHOOL, 1410 SWEETBRIAR DR., HOLIDAY, FL 34691										STUDENT	
DRIVER'S LICENSE STATE / NUMBER		PLACE OF BIRTH		CITIZENSHIP							
NONE		FLORIDA		U.S.							
CO-DEFENDANT NAME (LAST, FIRST, MIDDLE)		RACE		SEX		DATE OF BIRTH		AGE		1. ARRESTED 2. AT LARGE 3. FUGITIVE 4. MISDEMEANOR 5. JUVENILE	
CO-DEFENDANT NAME (LAST, FIRST, MIDDLE)		RACE		SEX		DATE OF BIRTH		AGE		1. ARRESTED 2. AT LARGE 3. FUGITIVE 4. MISDEMEANOR 5. JUVENILE	
PARENT / LEGAL CUSTODIAN		NAME OF PARENT OR CUSTODIAN (LAST, FIRST, MIDDLE)		ADDRESS (STREET, APT. NUMBER)		CITY		STATE		ZIP	
<input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL CUSTODIAN		EILEEN C. FOSTER		4439 TERRY LOOP, NEW PORT RICHEY, FL 34652							
NOTIFIED BY (NAME)		DATE		TIME		JUVENILE DISPOSITION		COOL			
DET. ANTHONY BOSSONE		4/08/2015		1320		1. HANDLED / PROCESSED WITHIN DEPT. AND RELEASED 2. TURNED OVER TO HIS / CYS 3. INCARCERATED (COUNTY JAIL)					
RELEASED TO (NAME)		RELATIONSHIP		DATE		TIME					
CHARGE DESCRIPTION		OFFENSE AGAINST COMPUTER SYSTEM, UNAUTHORIZED ACCESS		F.S. / CIVIL INF.		STATUTE / SECTION NUMBER		NCIC #		COURT CASE #	
				<input type="checkbox"/> F.S. <input type="checkbox"/> CIVIL INF.		815.06(2)(a)		7199		1500528 DLAW5	
ACTIVITY		S. SEUL. S. BUY. P. POSSESS		R. SARVOLE D. DELIVER E. USE		K. DISPENSE / DISTRIBUTE		M. MANUFACTURE / PRODUCE / OUTWATE		Z. OTHER	
CHARGE DESCRIPTION		OFFENSE AGAINST COMPUTER SYSTEM, UNAUTHORIZED ACCESS		F.S. / CIVIL INF.		STATUTE / SECTION NUMBER		NCIC #		COURT CASE #	
				<input type="checkbox"/> F.S. <input type="checkbox"/> CIVIL INF.							
ACTIVITY		S. SEUL. S. BUY. P. POSSESS		R. SARVOLE D. DELIVER E. USE		K. DISPENSE / DISTRIBUTE		M. MANUFACTURE / PRODUCE / OUTWATE		Z. OTHER	
REQUEST FOR INVESTIGATIVE COSTS RECOVERY		FSS 938.27(1)		THE UNDERSIGNED CERTIFIES AND SWEARS THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE, AND DOES BELIEVE THAT THE ABOVE-NAMED DEFENDANT COMMITTED THE FOLLOWING VIOLATION OF LAW.							
CJIS #		1999		ON THE		2nd DAY OF		APRIL		, 20 15 AT 12:15 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
# of Investigative hrs.		5.00 x \$26.00 = \$130.00									
PROBABLE CAUSE STATEMENT											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED WHEN I AM NOTIFIED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED ONCE I AM NOTIFIED, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. IF CITED FOR A CIVIL INFRACTION, I AGREE TO APPEAR BEFORE THE COUNTY COURT OR COMPLY WITH THE REQUIREMENTS FOR PAYING THE FINE AND MEETING ANY OTHER SPECIFIED CONDITIONS AS INDICATED ON THE BACK SIDE OF THIS AFFIDAVIT.											
SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR CUSTODIAN		DATE									
BOND / COURT INFO		DATE		VICTIM NOTIFIED		BOND CHARGE #		BOND CHARGE #			
				<input type="checkbox"/> YES <input type="checkbox"/> NO							
BOND TYPE		3. SURETY		5. CERT		TYPE					
1. BOX 2. CASH		4. BAIL / BOND		6. OTHER							
RETURNABLE COURT DATE		RETURNABLE COURT TIME									
RELEASE DATE		RELEASE TIME									
RELEASING OFFICER											
NAME (PRINTED)		CJIS #									
DET. ANTHONY BOSSONE		1999									